



Vaccine Return Form

(for State-Supplied Vaccines only)

Alaska Department of Health and Social Services
 Immunization Program Vaccine Depot
 9210 Vanguard Drive – Suite 102A
 Anchorage, Alaska 99507

(907) 341-2202 FAX: (907) 341-2228

Facility Name: _____ Address: _____ Person Completing Form: _____ Phone: _____ Date: _____	Instructions: Please enclose this form with your <i>Vaccine Order Form</i> AND include a COPY when the vaccines are physically returned. Mail <u>spoiled/outdated</u> vaccines to the address above. To return <u>viable</u> vaccines you must call the Vaccine Depot for shipping instructions. Return Codes: 2 – Short-dated 3 – Spoiled 4 – Expired 5 – Lost or damaged in transit 7 – Refrigerator failure
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Vaccine/Screening Product	Lot #	# of Doses	Return Code <small>(see above)</small>	Brief explanation of circumstances causing return
DT (Pediatric)				
DTaP				
DTaP/ Hepatitis B/ IPV (combination)				
Hepatitis A (Pediatric)				
Hepatitis B (Pediatric)				
Hepatitis B/Hib (combination)				
Hib				
Influenza				
IPV				
Meningococcal Conjugate (MCV4)				
MMR				
Pneumococcal Conjugate (PCV7)				
Pneumococcal Polysaccharide (PPV23)				
Td (Adult)				
Tdap (Adult)				
Varicella				
Other:				
Other:				

NOTE: PPD does not need to be returned to Vaccine Depot, please properly discard at facility site